

# Work Order ID 99551

**\*99551\***

Page 1

April 11, 2013 11:51:30 AM

Item ID: D2965

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Cap, 105 Skidtube

Stop **\*NS2\***

Start Date: 4/11/13 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 4/26/13 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals:

Process Plan:

*CL*

Date: 13/04/11

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Seq#	Operation Description	Run Hours	Tool #	Plan Code	Actual Qty	Rejct Qty	Rejct Number	Resp. Stamp
------	-----------------------	-----------	--------	-----------	------------	-----------	--------------	-------------

Draw Nbr	Revision Nbr
D2965	Rev B

100 PURCHASING 0.00

**\*100\***

Purchasing

Memo

0.00

Purchasing

Issue P/O: 19591 Cast per Dwg D2965 Material Release Note Required

*CL* 13/04/16 30

110 Receive & Inspect for Damage & Mat'l Certs 0.00

**\*110\***

Packaging

Memo

0.00

Packaging

Ensure Material Release Note is attached

*CL* 13/0/3 (38)

120 QC6- Inspect dimensions to drawing 0.00

**\*120\***

QC

Memo

0.00

Quality Control

*38*  
*1353*

*38*  
*can*

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td style="width: 33%;">           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </td> <td style="width: 33%;">           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </td> <td style="width: 33%;">           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </td> <td style="width: 33%;">           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </td> </tr> </table>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		



NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td style="width: 33%;">           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </td> <td style="width: 33%;">           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </td> <td style="width: 33%;">           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </td> <td style="width: 33%;">           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </td> </tr> </table>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

# Work Order ID 99551

**\*99551\***

Page 3

April 11, 2013 11:51:30 AM

Item ID: D2965

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: Cap, 105 Skidtube

Stop **\*NS2\***

Start Date: 4/11/13 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 4/26/13 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID Work Center ID	Operation Description	Set Up/ Run Hours	Lot ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	QC3- Inspect Part Finish	0.00							
<b>*160*</b>									
QC	Memo	0.00							
Quality Control									
170	HandFinishing	0.00							
<b>*170*</b>									
HandFinish	Memo	0.00							
Hand Finishing	Install Inserts as per Dwg D2965								
180	QC5- Inspect part completeness to step on W/O	0.00							
<b>*180*</b>									
QC	Memo	0.00							
Quality Control									

38 x 1 1/2 13/05/30

38 x 1 1/2 13/05/30

38 13-5-20

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Work Order ID 99551

**\*99551\***

Page 4

April 11, 2013 11:51:30 AM

Item ID: D2965

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Cap, 105 Skidtube

Start Date: 4/11/13 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 4/26/13 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

Identify as per dwg & Stock Location: FP-001

0.00

**\*190\***

Packaging

Memo

0.00

Packaging

x 30 d 12/13/13

200

QC21- Final Inspection - Work Order Release

0.00

**\*200\***

QC

Memo

0.00

Quality Control

13/5/30

MF

13-5-30

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Picklist Print

April 11, 2013 11:51:30 AM

Page 1

Work Order ID: 99551

Parent Item: D2965

Parent Item Name: Cap, 105 Skidtube

Start Date: 4/11/13

Required Date: 4/26/13

Start Qty: 30.00

Required Qty: 30.00

Comments: IPP: A00.05.31New Issue EC  
IPP Rev:Added Turning as per Rev B 06-12-15 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
ALS7-1032-225 INSERT		Purchased	No			170	Each	1,473.0000	2	76	13/05/13		

## Location

## Loc Qty

## Loc Code

	90	
	90	
FP001	45	
118520	16	
122290	29	
ST280	263	
122290	263	
ST281	1075	
100896	135	
122333	940	

M122827

876

D2965P

Cap

Purchased

No

170

Each

0.0000

1

30

13/5/13 (38)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td style="width: 33%;">           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </td> <td style="width: 33%;">           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </td> <td style="width: 33%;">           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </td> <td style="width: 33%;">           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </td> </tr> </table>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

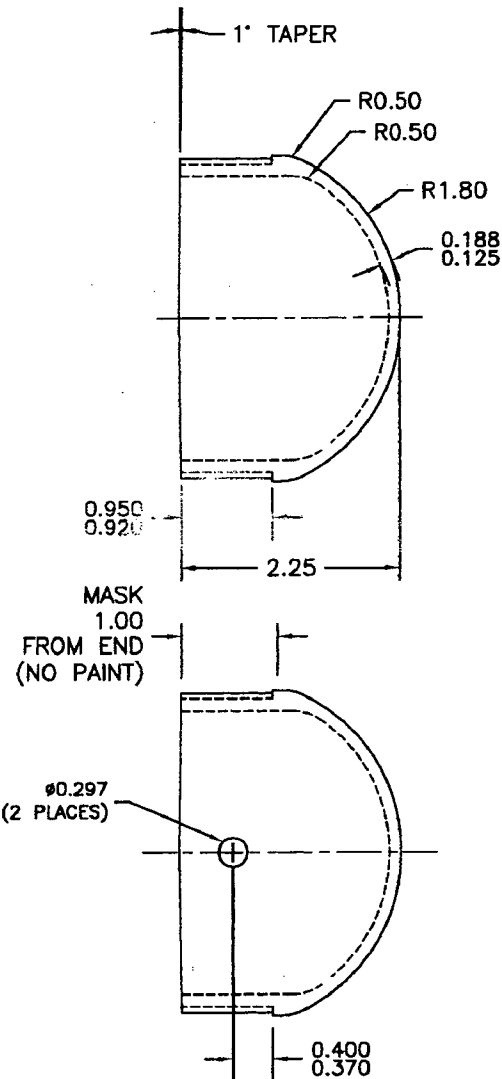
Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other



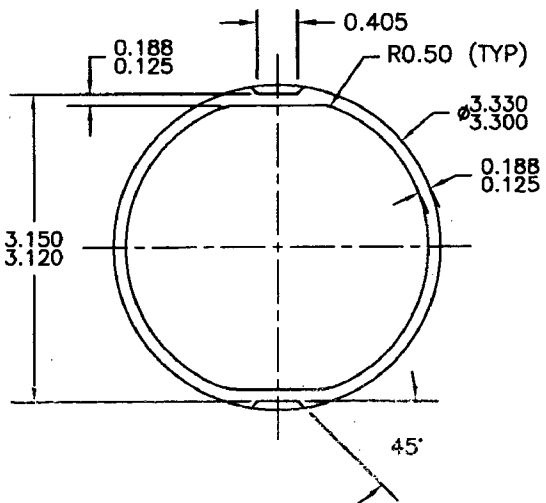
RELEASED

06.12.12

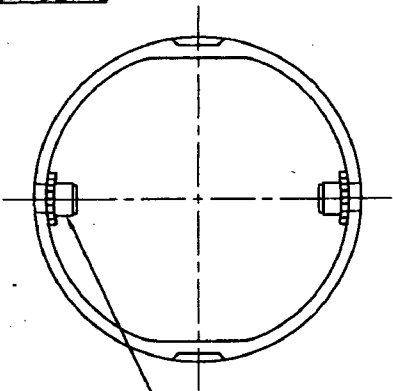
DESIGN	DRAWN BY	DART AEROSPACE USA, INC.	REV. B
014	014	PORT HADLOCK, WA	
CHECKED	APPROVED	DRAWING NO.	SHEET 1 OF 2
		D2965	
DATE	TITLE	SCALE	
06.11.01	CAP	1:2	
A	00.02.24	NEW ISSUE	
B	06.11.01	ADD -3 CAP	



D2965 CASTING DETAIL



D2965 FINISH DETAIL



INSTALL AELS-1032-225 INSERT  
(2 PLACES)

D2965 CAP

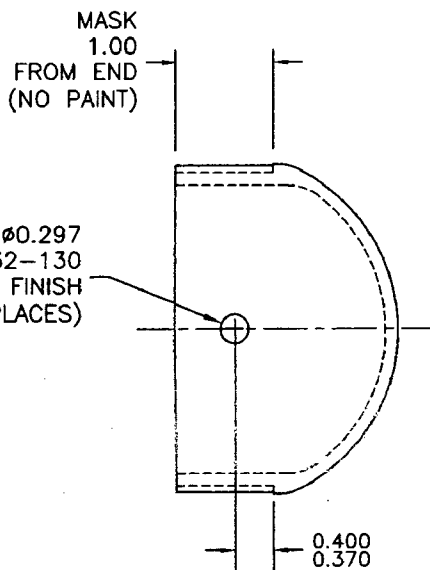
- 1) MATERIAL: CAST ALUMINUM ALLOY A356.2 (F)
- 2) FINISH: POWDER COAT PER QSI 005 4.3 TO MATCH REST OF SKIDTUBE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE INCHES

**DART**

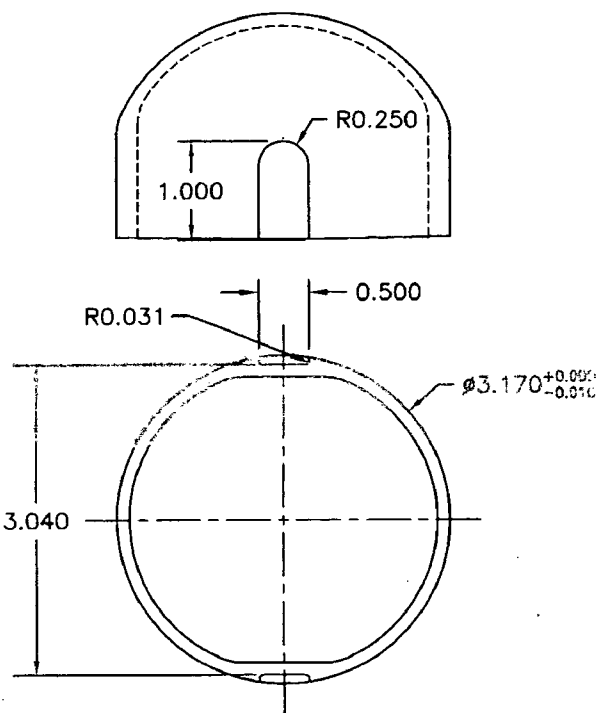
DESIGN	MM	DRAWN BY	MM	DART AEROSPACE USA, INC.
CHECKED	MM	APPROVED	MM	PORT HADLOCK, WA
DATE	06.11.01	DRAWING NO.	D2965	REV. B
		TITLE	CAP	SHEET 2 OF 2
		SCALE	1:2	

RELEASED

06.12.02



D2965-3 FINISH DETAIL



D2965-3 CAP MACHINING DETAIL  
(MAKE FROM D2965 CAP)

D2965-3 CAP

- 1) MATERIAL: MAKE FROM D2965 CAP
- 2) FINISH: POWDER COAT WHITE (REF. 4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE INCHES

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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO19591**

Purchase Order Date 4/16/13

PO Print Date 4/16/13

Page Number 1 of 1

Order From : VC-ALU001

ALUMINUM FOUNDRY & PATTERN WORKS LTD.  
2225 CHEMIN ST. FRANCOIS  
DORVAL, QC H9P 1K3  
CA

Contact Name

Vendor Phone

Vendor Fax

Vendor Account Nbr

514 683 9777

514 683 0375

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

CAD

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FXED**  
6/13/04/16

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D2965P	Cap	4/30/13 Yes	30.00 Each	FedEx PI collect	\$21.2000	\$636.00
		Special Inst:	AS PER DWG D2965 REV. B B99551				
2	D2965P	Cap	4/30/13 Yes	20.00 Each	FedEx PI collect	\$21.2000	\$424.00
		Special Inst:	AS PER DWG D2965 REV.B B98923				

PO Total:

\$1,060.00

MATERIAL CERTIFICATION  
REQ'D UPON DELIVERY

Change Nbr:

1

Change Date: 4/16/13

No substitution or deviation without  
consent.

Certificate of Conformity or Material  
Certification required **YES** NO

# Aluminum Foundry Ltd

2225 Chemin St. Francois  
Dorval, Québec H9P 1K3  
Tel: (514) 683-9777  
Fax: (514) 683-0375

email: info@foundryafpw.com

## Packing Slip

Packing Slip No.: 34295  
Shipped Date: 30 04 2013

<b>Sold to:</b>	<b>Ship to:</b>
<b>DART AEROSPACE</b> 1270 ABERDEEN STREET HAWKSBURY, ONTARIO K6A 1K7  Tel. (613) 632-5200 Fax (613) 632-5246	<b>DART AEROSPACE</b> 1270 ABERDEEN STREET HAWKSBURY, ONTARIO K6A 1K7
<b>Order No.:</b> 19591	
<b>Shipped By:</b>	
<b>Tracking No.:</b>	

Item No.	Unit	Description	Quantity
Z200080	Each	D2965 CAP	58
<div>Received by:</div> <div>Date:</div>			
Comment:			

CERTIFICAT DE CONFORMITÉ  
CERTIFICATE OF COMPLIANCEFONDERIE D'ALUMINIUM ET MODELERIE (1988) LTEE  
ALUMINUM FOUNDRY & PATTERN WORKS (1988) LTD2225 CHEMIN ST. FRANCOIS, DORVAL, QC H9P-1k3  
TEL : (514) 683-9777 FAX: (514) 683-0375Expédié à  
Shipped**DART AEROSPACE**

A.F. &amp; P.W.Série no./Serial no.

**1270 Aberdeen Street**Packing  
Date: **30/04/2013** Slip No. **34295****Hawksbury, ON, K6A 1K7**Vôtre No. Commande **19591**  
Your order No. \_\_\_\_\_

Ceci est pour certifié que le materiel liste ci-dessous est selon les specifications du bon d'achat ci-haut, et que les documents en evidence des rapports et certificats de détaillante sont en filiere dans notre bureau.

This is to certify that the material listed below is according to your specifications on above P.O. and that documentary evidence of the tests or release certificates from the original supplier are on file in this office.

Quantite Quantity	Description	Notre No. Our No.	Specifications	Note d'autorisation Incoming Release note
<b>58</b>	<b>D 2965 CAP</b>	<b>Z200080</b>	<b>A356.2</b>	<b>ingot#C625-0826</b> <b>B# 1311301</b>

Analyse  
Analysis (as in ingot)

(Si)	6.9%	(Al)	balance
(Fe)	0.11%		
(Cu)	<0.01%		
(Mn)	<0.01%		
(Mg)	0.39%		
(Zn)	<0.01%		
(Ti)	0.11%		

Donne  
Yield :Résistance a la tension :  
Tensile Strength :Allongement par pouce carré :  
P.S.I. Elongation :

%

Pour et au nom de  
For and on behalf of :FONDERIE D'ALUMINIUM ET MODELERIE (1988) LTEE  
ALUMINUM FOUNDRY & PATTERN WORKS (1988) LTDDept/Dep :  
Par/Per : \_\_\_\_\_

Coc-100